

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	6/20/07	3/20/08
O.I.P.E. CLASSIFIER			7/7/00
FORMALITY REVIEW	RS	61730	6-8-02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	7/6/03
Original	
1	✓ ✓ ✓
2	✓ ✓ ✓
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	✓ ✓
12	✓ ✓
13	✓ ✓
14	✓ ✓
15	✓ ✓
16	✓ ✓
17	✓ ✓
18	✓ ✓
19	✓ ✓
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36	✓ ✓
37	✓ ✓
38	✓ ✓
39	✓ ✓
40	✓ ✓
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43	✓ ✓
44	✓ ✓
45	✓ ✓
46	✓ ✓
47	✓ ✓
48	✓ ✓
49	✓ ✓
50	✓ ✓ ✓

Claim	Date
Final	7/9/03
Original	10/16/03
51	✓ ✓ ✓
52	✓ ✓ ✓
53	✓ ✓ ✓
54	✓ ✓ ✓
55	✓ ✓ ✓
56	✓ ✓ ✓
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63	✓ ✓
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy